

Due by _____

Team Nutrition Mini-grant application -Student Group

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TN Team Leader(s)	Position	School	Address	phone	e-mail
	Teacher	School name	999 Oak St Any town	555-1212	
	Students				
Other TN Team members					
Administrator			Food service representative		
Nurse			Health care provider		
Parent			Students		
Community representative (include organization name)			Other (please describe)		

Budget - I identify items to be purchased and estimated costs. (2 points)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
<i>Food Guide Pyramid Model</i>	\$100	<i>Volunteer</i>	\$0	<i>Fruits and vegetables for taste testing</i>	\$250
<i>Food models</i>	\$100	<i>2 staff @ 2 hours planning time</i>			
	Total \$200				Total \$250
Equipment	Cost	Office (printing, postage, etc.)	Cost	Equipment	Cost
		<i>Paper copies of recipes to send home</i>	\$50		
	Total		Total \$50		Total
Total Amount Requested <u> \$500 </u>					

Check the assessment tool you used to identify your needs. (Optional)

School Name _____

☒ X_Changing the Scene <http://www.fns.usda.gov/tn/Healthy/changing.html>

☐ School Health Index (available at <http://apps.nccd.cdc.gov/shi/>)

☐ Other (please describe): _____)

Check which of the four Team Nutrition messages you will be using in your activity: (2 points possible)

☐ Eat a variety of foods

☒ X_Eat more fruits, vegetables, and whole grains

☐ Eat lower fat foods more often, and

☒ X_Be physically active

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 points possible)

Team Nutrition Education Channels

Classroom	School	Food service	Home	Community	Media
X	X	X	X		

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

We identified a need to introduce healthy snacks, especially fruits and vegetables to fourth grade children. We found that not many were getting fresh forms of fruits and vegetables outside of the school meals. We will introduce some new ways to prepare fresh fruits and vegetables with the children and then send home the recipes for the families to try together. We will introduce ways children can be physically active during the day.

2. Describe activities you plan to conduct with the mini-grant and how they support the four Team Nutrition messages. (2 points)

- 1. Select fruits and vegetables and recipes for children to make.*
- 2. Prepare the recipes.*
- 3. Send home the recipe with the children to try with their parents.*
- 4. Increase physical activity throughout the day for children.*

School Name _____

3. How will the items listed in the budget support these activities? (2 points)

1. *The Food Guide Pyramid and food models will be used during the snack activities and in helping the children learn about foods and where they fit into the Food Guide Pyramid.*
2. *Foods will be purchased for the educational activity, and not used as a part of the regular meal programs offered by the center.*
3. *Copies of recipes will be sent home with the children for families to try together.*

BONUS POINTS – OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

We will demonstrate a favorite game and food activity at the local community festival. This will show community members and families how easy healthy eating and physical activity can be.

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten _____ Grades 1-2 _____ Grades 3-5 _____ Middle School _____

I understand that as a condition of our program receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Team Leader – print name)

(Team Leader – signature)

Date signed

Send completed application to: Janet Wendland, Consultant
Bureau of Nutrition Programs and School Transportation
Grimes State Office Building
Des Moines, IA 50319-0146